PTO/SB/31 (04-05)
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| NOTICE OF APPEAL FROM THE EXAMINER TO | Docket Number (Optional) |
| THE BOARD OF PATENT APPEALS AND INTERFERENCES | S 2611-0176P |
| In re Application of | |
| Seiji KOZAKI et al. | |
| | |
| Application Number | Filed |
| 10/049,855-Conf. #246 | and the same of th |
| | NSMISSION/RECEPTION CONTROL |
| SYSTEM, HOST STATION AND SLAVE STATION APPARATUS TO BE USED THERE IN, AN OPTICAL BURST TRANSMISSION | |
| RECEPTION CONTROL METHOD | |
| Art Unit | Examiner |
| 2638 | L. Wang |
| Applicant hereby appeals to the Board of Patent Appeals and Interferen | nces from the last decision of the examiner. |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | \$500.00 |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore above is reduced by half, and the resulting fee is: | , the fee shown \$ |
| X A check in the amount of the fee is enclosed. | |
| Payment by credit card. Form PTO-2038 is attached. | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | |
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| Deposit Account No. 02-2448 . I have enclosed a duplicate copy of this sheet. x A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | |
| X A petition for an extension of time under 37 CFR 1.136(a) (PTO/St | 5/22/isjeggoseg |
| I am the |)) V \ |
| applicant /inventor. | |
| | Signature |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) | |
| is enclosed. (Form PTO/SB/96) | D. Richard Anderson Typed or printed name |
| attorney or agent of record. | Typed of printed flame |
| Registration number | (703) 205-8035 |
| x attorney or agent acting under 37 CFR 1.34. | Telephone number |
| Registration number if acting under 37 CFR 1.34. 40,439 | January 5, 2006 |
| | Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| X *Total of1 forms are submitted. | |

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